



Information for Patients
American College of Gastroenterology
Recommendations for Colorectal Cancer Prevention

Screening: For persons who have never had a colorectal cancer or pre-cancerous polyp (adenoma).

Risk Category	Definition	Age to Start Screening	ACG Recommended Screening	Alternative Strategy
<i>Average</i>	Age 50 or older and no other risk factors	50 years	Colonoscopy every 10 years	Annual fecal occult blood test plus flexible sigmoidoscopy every 5 years.
<i>Moderately Increased</i>	One First Degree Relative (Immediate family member - mother, father, brother, sister) with colorectal cancer* diagnosed at age 50 or older	40 years	Colonoscopy [^] at least every 10 years.	Annual fecal occult blood test plus flexible sigmoidoscopy every 5 years.
<i>High</i>	Two or more First Degree Relatives (Immediate family member - mother, father, brother, sister) with colorectal cancer* or one diagnosed with colorectal cancer at age less than 60	40 years or 10 years younger than age diagnosis of the youngest affected relative, whichever is earlier.	Colonoscopy [^] every 3-5 years	No alternative is considered adequate

*A family history of pre-cancerous polyps predicts increased risk also. Screening recommendations for persons with a family history of polyps should be individualized, but screening is often similar to that used in persons with a family history of colorectal cancer.

[^]Medicare allows colonoscopy as often as every two years, which may be needed depending on other factors. Your gastrointestinal specialist will decide what interval is appropriate in your case.

#Medicare benefits offered to the patient on same basis as high risk.

Note: Genetic testing (blood sample testing) is available only for Familial Adenomatous Polyposis and Hereditary Nonpolyposis Colorectal Cancer. These are rare inherited syndromes that are not fully addressed here.